

Name  
in  
Full

Walter W Andrews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

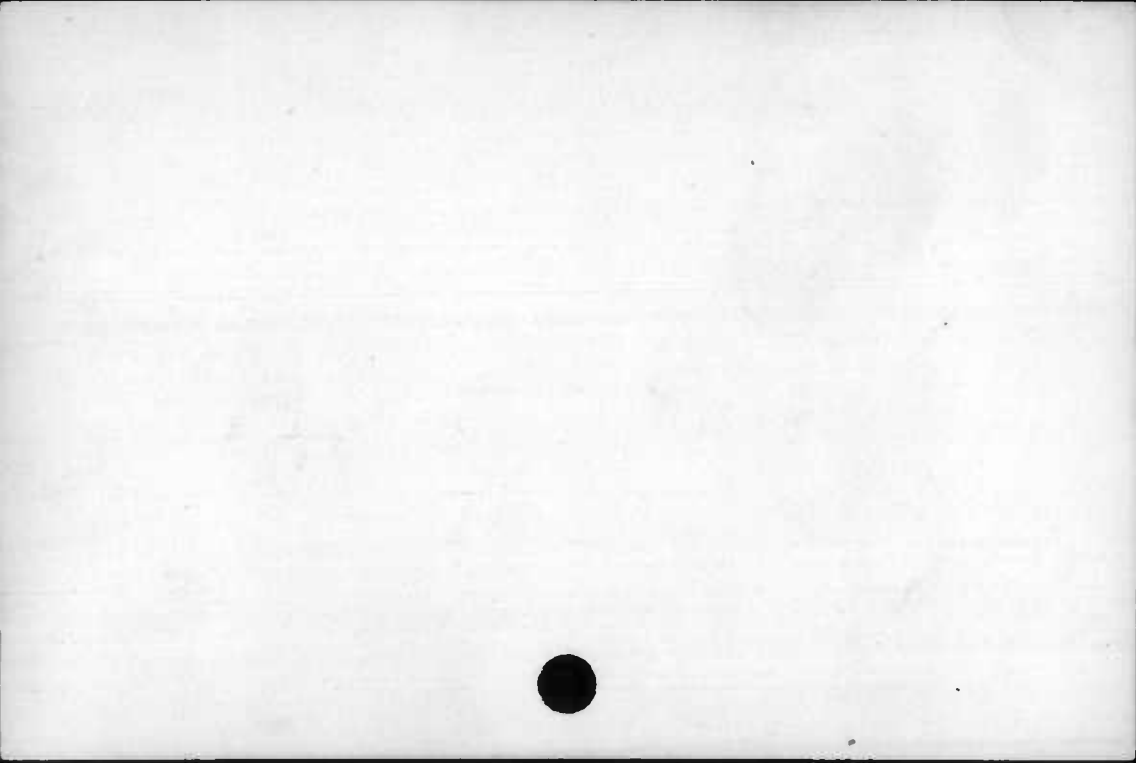
Died at <i>near Skipton</i>		County <i>Tabor</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>27</i>	Age	Months <i>3</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Tabor.</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Walter W Andrews</i>	Father's Birthplace <i>Tabor.</i>				
Mother's Maiden Name <i>Anna R Lanum</i>	Mother's Birthplace <i>Quama</i>				
Name of person giving information <i>Walter W Andrews</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Perry Brooks -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

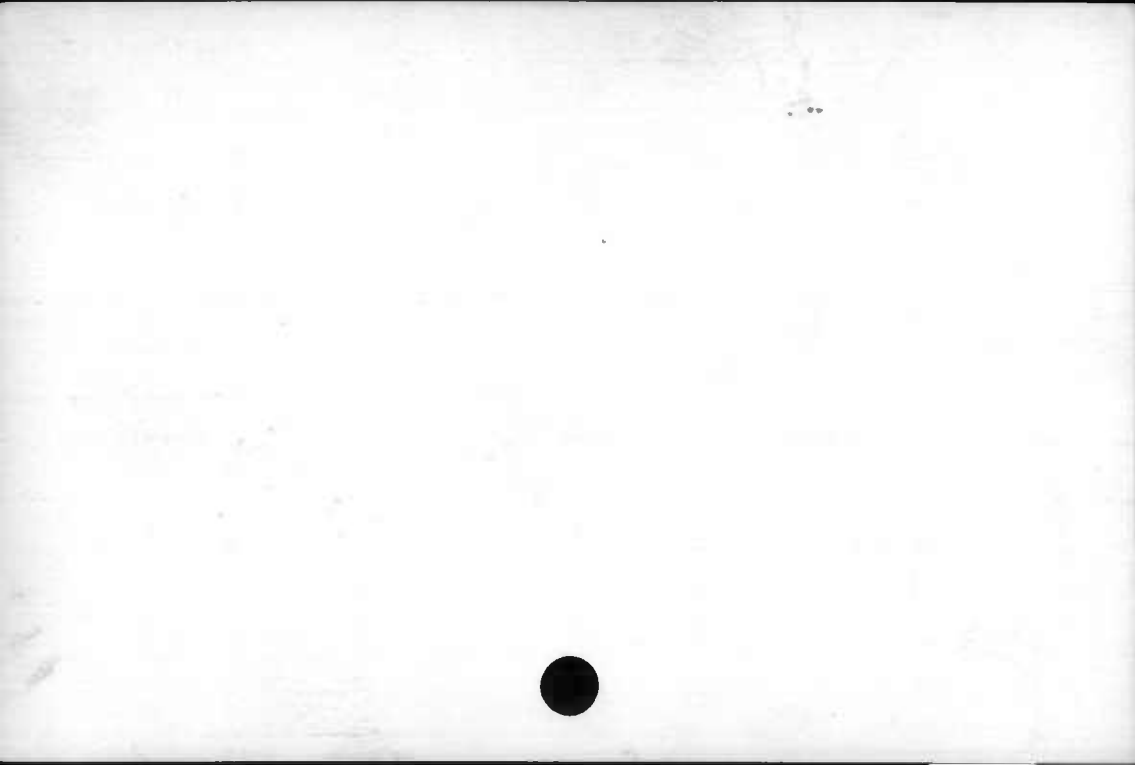
Died near <i>near Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1908	Month	10	Day	4
Age	35	Years		Months	
Sex	Male	Color or Race	Negro	Birth-place	Talbot Co, Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ella Sewell		
Father's Name	Perry Brooks		Father's Birthplace	Talbot Co, Md	
Mother's Maiden Name	Charlotte Coxen		Mother's Birthplace	" " "	
Names of person giving information	Levi Brooks		How related to deceased	Brother	

CAUSES OF DEATH

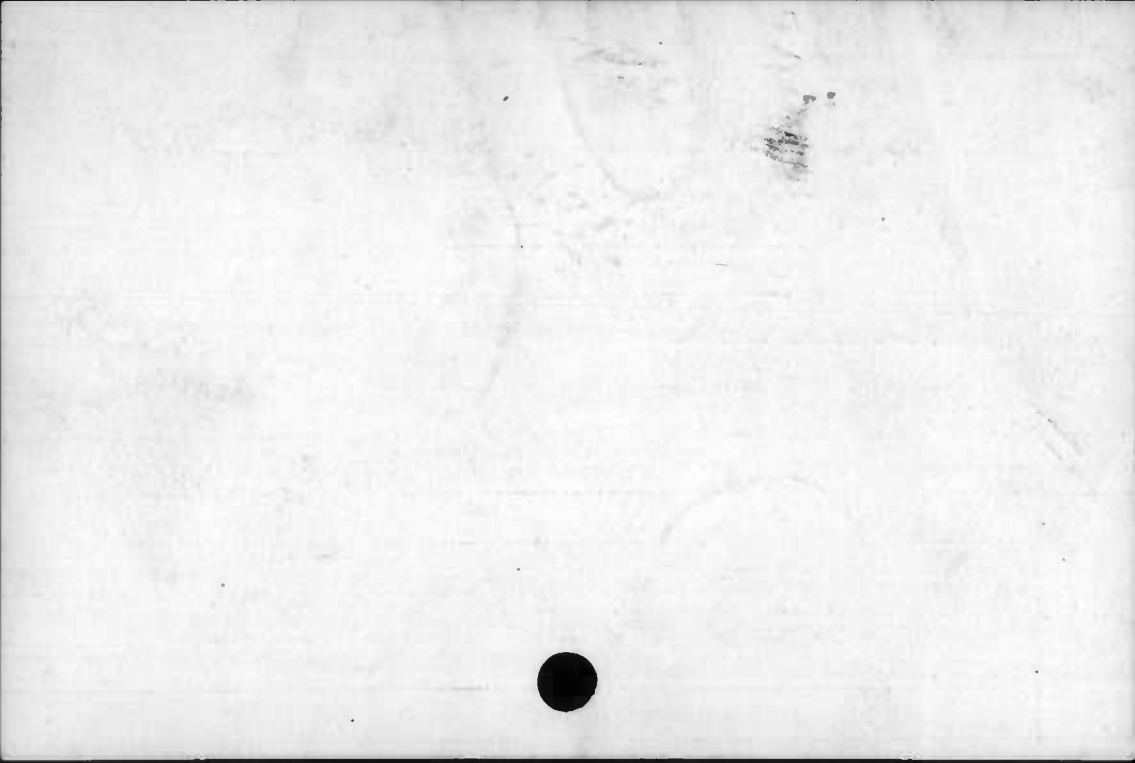
120

PHYSICIAN  
OR CORONER

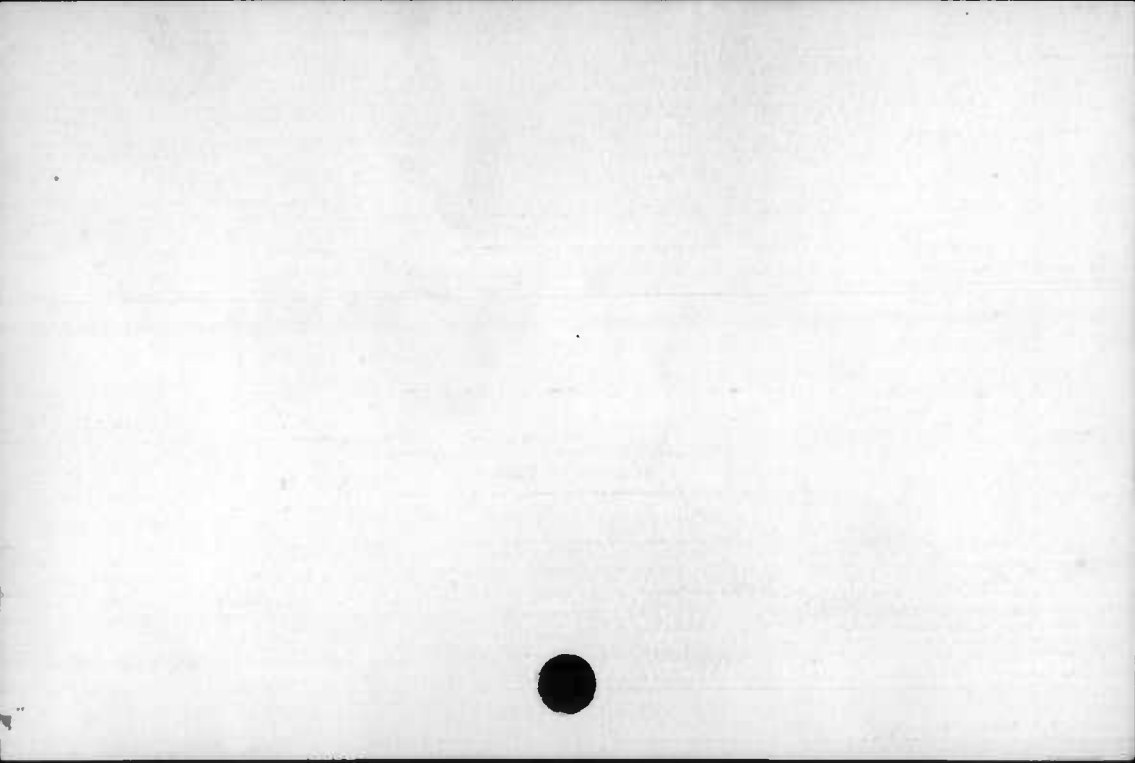
Primary	Bright's Disease + Intense Regurgitation	How long	10 months
Immediate	Uremia.	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Coe, M.D.
		Address	Trappe Talbot Co, Md
Accident or Suicide			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Easton</u> <sup>Town</sup>		<u>Taibet</u> <sup>County</sup>	
		Date of death <u>1908</u> <u>Oct</u> <sup>Month</sup> <u>27</u> <sup>Day</sup>		Age <u>3</u> <sup>Years</sup> <u>3</u> <sup>Months</sup> <u>22</u> <sup>Days</sup>	
		Sex <u>Male</u>		Color or Race <u>white</u>	
		Occupation <u>X</u>		Birth-place <u>Easton</u>	
		Where Residing if not at place of death <u>X</u>			
		Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>	
		Father's Name <u>Joseph R. Ballison</u>		Father's Birthplace <u>Taibet</u>	
Mother's Maiden Name <u>WILLIE M. PARROTT</u>		Mother's Birthplace <u>WINDY HILL</u>			
Name of person giving information <u>WILLIE M. BALLISON</u> ✓		How related to deceased <u>Mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Malnutrition</u>		How long <u>2 months</u>	
		Immediate <u>Exhaustion Heart</u>		How long <u>1 day</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Robert H. Cays</u>	
		Address <u>Easton, Md.</u>			
Accident or Suicide? <u>no</u>					



Name in Full		Blanchard Emory				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Easton		Talbot		MARYLAND	
	Date of death	1908	Oct.	25	Age	77	Months - Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Gentleman Farmer		Where Residing if not at place of death	Queenstown Md		
	Married, Single or Widowed	widowed		Name of Wife or Husband	Mary Burke		
	Father's Name	Thomas Troup Emory				Father's Birthplace	Maryland
	Mother's Maiden Name	Anna Maria Hunsley				Mother's Birthplace	Baltimore Md
	Name of person giving information	Alice Gray Rasier				How related to deceased	Daughter
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">154</div>							
PHYSICIAN OR CORONER	Primary	Infirmities of age				How long	1 yr.
	Immediate	Exhaustion				How long	2 wks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Chas J. Davidson	
					Address	Easton Md.	
<del>Accident or Suicide?</del>							





Name  
In  
Full

John Garrett.

## CERTIFICATE OF DEATH

MARYLAND

Died at. *Leodova* Town*Talbot* CountyDate  
of death *1908*Month  
*oct*Day  
*16*

Age

Years  
*0*Months  
*2*Days  
*15*Sex  
*Male*Color or  
Race*White*Birth-  
place*Md*

Occupation

*X*Where Residing if not  
at place of death*X*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*X*Father's  
Name*John Garrett*Father's  
Birthplace*Md*Mother's  
Maiden Name*Agnus Wadds*Mother's  
Birthplace*Ma*Name of person giving  
In formation*John Garrett*How related  
to deceased*Father*

## CAUSES OF DEATH

105

Primary

*Congenital debility, then*

How long

*2 1/2 months*

Immediate

*Gastro-Enteritis*

How long

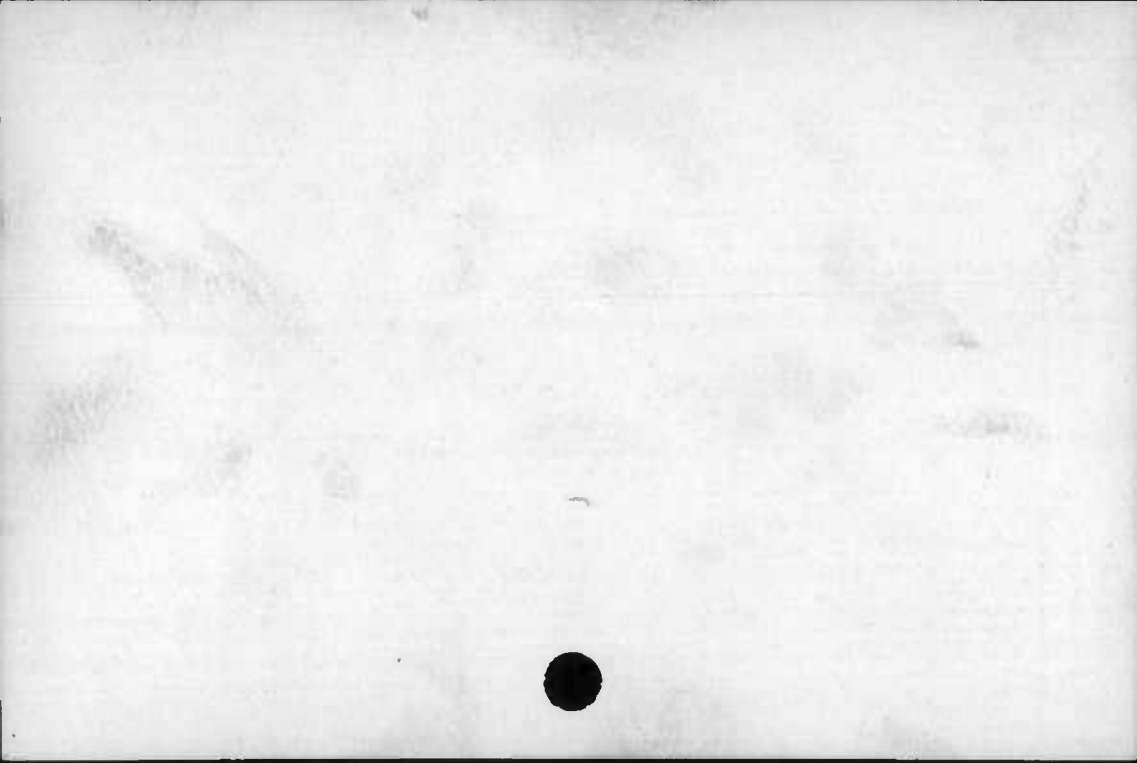
*one month*Are the name, age, sex, color, date  
and place correctly given above?*They are*Signature of  
Physician*Lehas. H. Rose*

Address

*Leodova, Md*

Accident or Suicide?

*X*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Joseph Ganett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

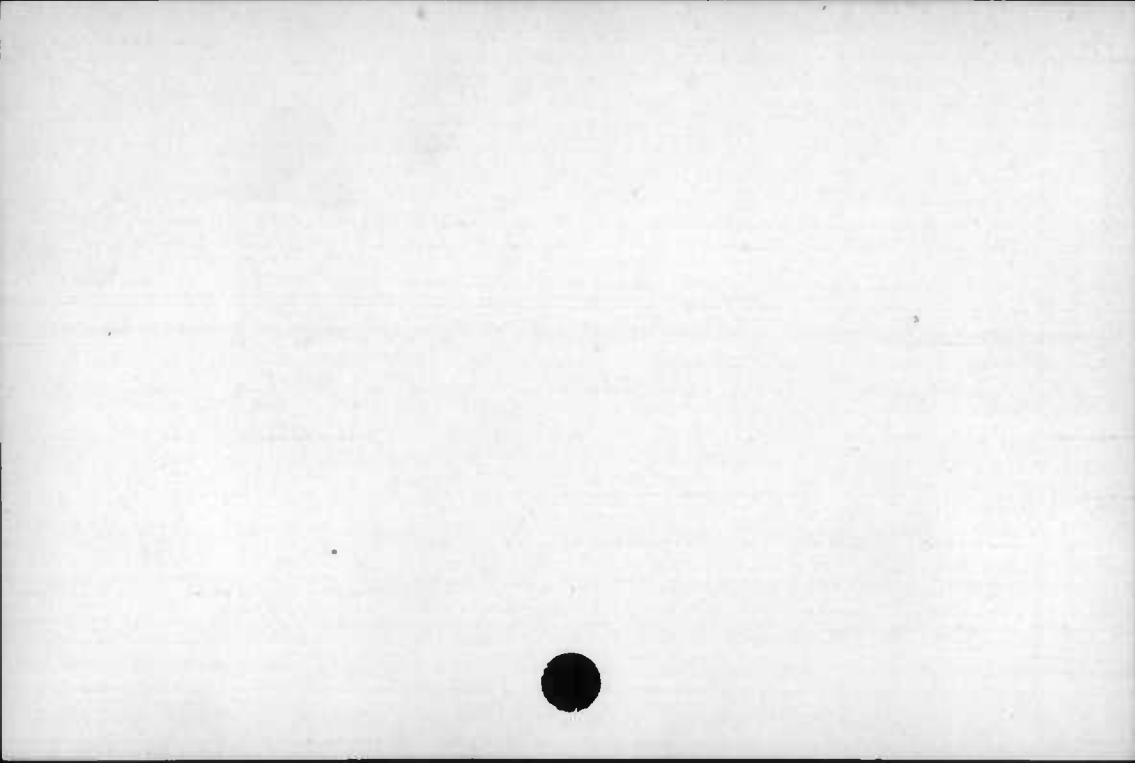
Died at <i>Leonora</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>6</i>	Age <i>X</i> Years	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed			Name of Wife or Husband <i>X</i>		
Father's Name <i>John Garrett</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Agnes Dadds</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Ganett</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>General debility (atonic)</i>	How long <i>2 months</i>
Immediate	<i>Gastric, Enteritis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>		Signature of Physician <i>Lehas, H. Rose</i>
		Address <i>Leonora, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Rachel T. Griffin

## CERTIFICATE OF DEATH

Died at Easton TownTalbot County

MARYLAND

Date of death 1908 Month OctDay 24 Age 78 YearsMonths 5 Days 23Sex FemaleColor or Race WhiteBirth-place DelawareOccupation Housewife

Where Residing if not at place of death

Married, Single or Widowed WidowName of Wife or Husband John R. GriffinFather's Name Joseph GeorgeFather's Birthplace DelMother's Maiden Name Mary TownsendMother's Birthplace DelName of person giving information Jessie GriffinHow related to deceased Daughter

## CAUSES OF DEATH

119

Primary Acute NephritisHow long Two weeksImmediate Exhaustion

How long

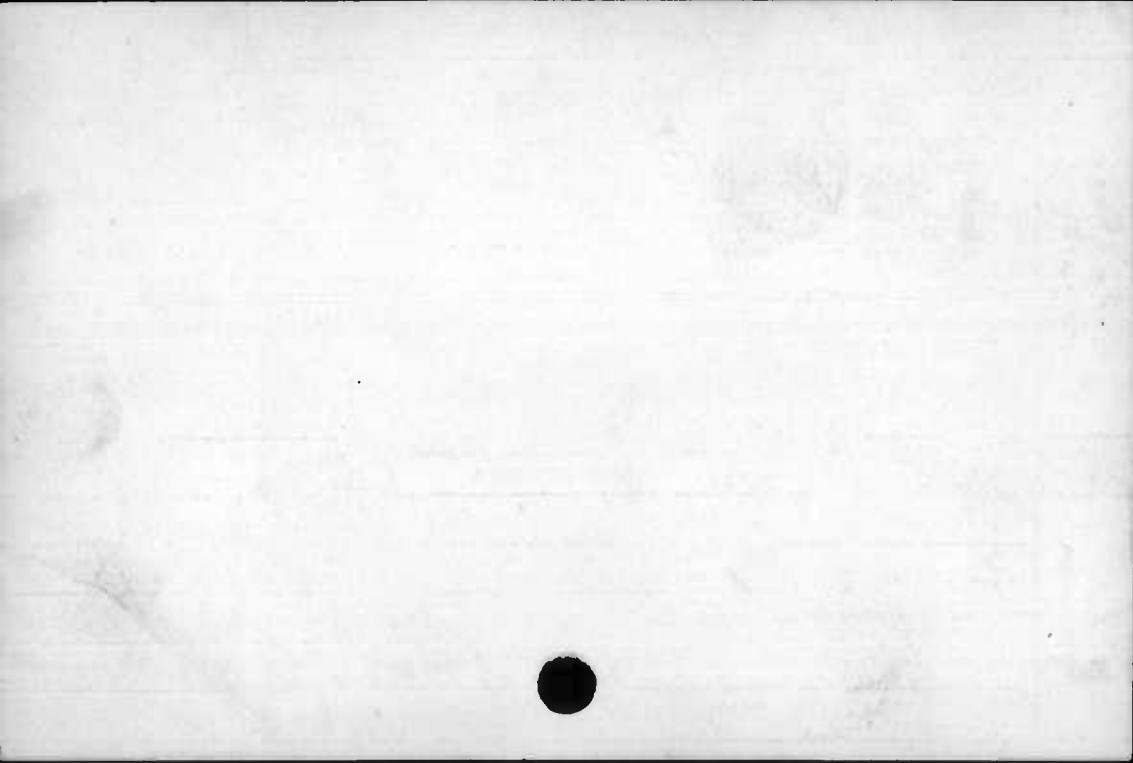
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

NoMed.TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Eliza Johns* Town *Trappe* County *Talbot* MARYLAND

Died at *Trappe* Month *Dec* Day *26* Age *50* Months Days

Date of death 190 *8*

Sex *Female* Color or Race *colored* Birth-place *Caroline Co.*

Occupation *none* Where Residing if not at place of death *Trappe*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Lear Johns* Mother's Birthplace *Caroline Co.*

Name of person giving Information *Ran Young* How related to deceased *son-in-law*

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Old age* How long *don't know*

Immediate *same* How long *don't know*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *no doctor* Address *A R Ross, Jr. Sub Registrar*

Accident or Suicide *neither* *Trappe Md*





Name  
in  
Full

Still Born High

CERTIFICATE OF DEATH

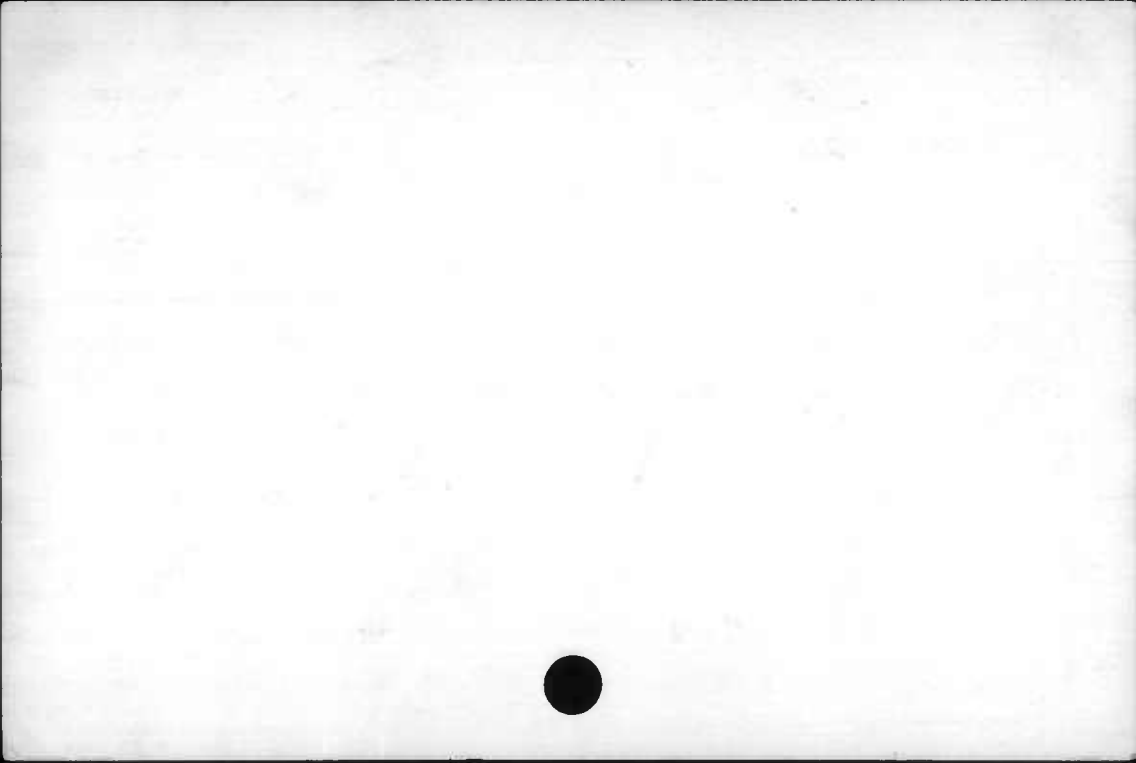
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	14	Still	Born		
Sex		Color or Race		Birth-place			
Male		Colored		St Michaels			
Occupation				Where Residing if not at place of death			
infant				" "			
Married, Single or Widowed		Name of Wife or Husband					
infant							
Father's Name				Father's Birthplace			
Thomas Henry Kiah				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Mary Robert Townsend				Maryland			
Name of person giving Information				How related to deceased			
Thomas Henry Kiah				father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
		St Michaels
Accident or Suicide		Ord



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *No Name Morris* Town *Talbot* County *Talbot* MARYLAND

Died at *Trappe* Month *Oct* Day *18* Age *one* Months *14* Days

Date of death 190 *8*

Sex *female* Color or Race *colored* Birth-place *Trappe*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

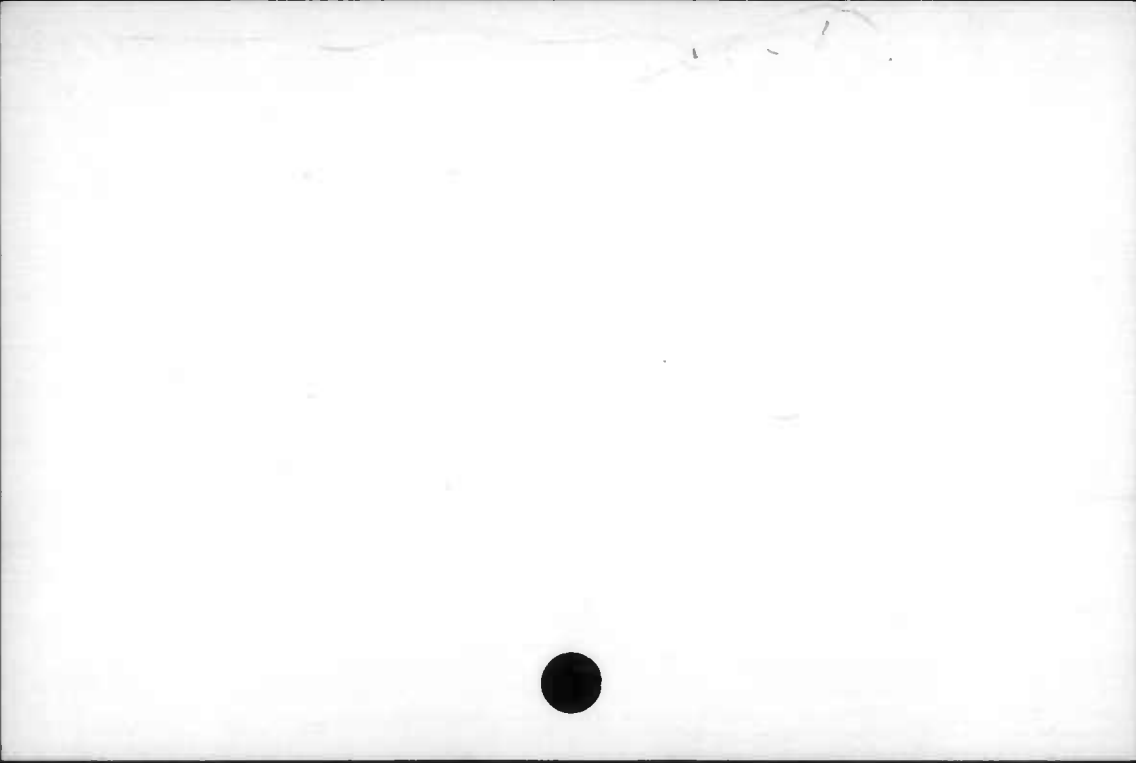
Signature of Physician

Address

Accident or Suicida

How long

How long



Name  
in  
Full

## CERTIFICATE OF DEATH

Elroy Winifred Perry

Town

County

MARYLAND

Died at

St Michaels

Fallot

Date

of death

1908

Month

Oct

Day

15

Age

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

St Michaels

Occupation

infant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

infant

Name of Wife or  
Husband

infant

Father's  
Name

John W. Perry

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Eliza J. Small

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Eliza J. Small

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

heart failure

How long

1 Day

Immediate

How long

1 Day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

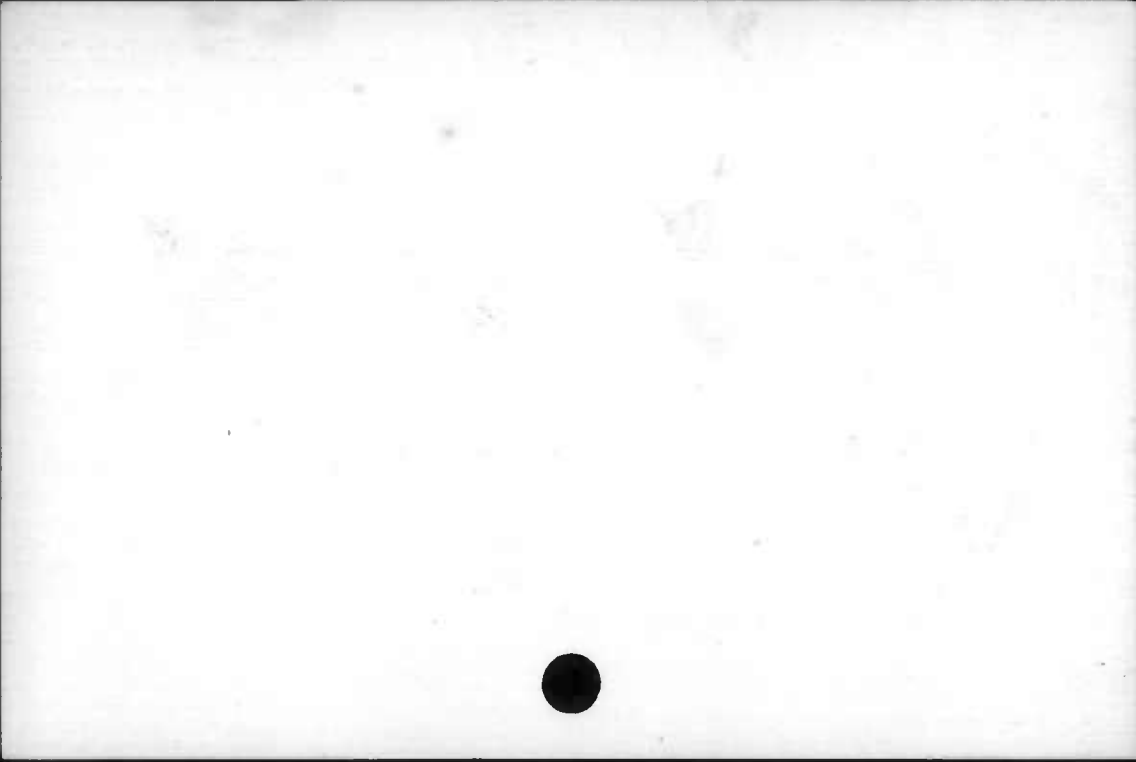
Address

J. D. Davis  
St Michaels  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

179



Name  
in  
Full

Mary. A. Shockley

## CERTIFICATE OF DEATH

Died at *St Michael's*

Town

*Dalbot*

County

MARYLAND

Date  
of death 1908

Month

*Oct*

Day

*5-*

Age

Years

*69*

Months

Days

Sex

*Female*Color or  
Race*white*Birth-  
place*Somerset Co. Md*Married, Single  
or Widowed*Married*

Occupation

*House-work*Name of Wife or  
Husband*David A. Shockley*Father's  
Name*Edward L. Jones*Father's  
Birthplace*Somerset Co. Md*Mother's  
Maiden Name*Susan Jones*Mother's  
Birthplace*Somerset Co Md*Name of person giving  
In formation*David A. Shockley*How related  
to deceased*Son*

## CAUSES OF DEATH

120

Primary

*Chronic nephritis*

How long

*one year*

Immediate

*Uremia*

How long

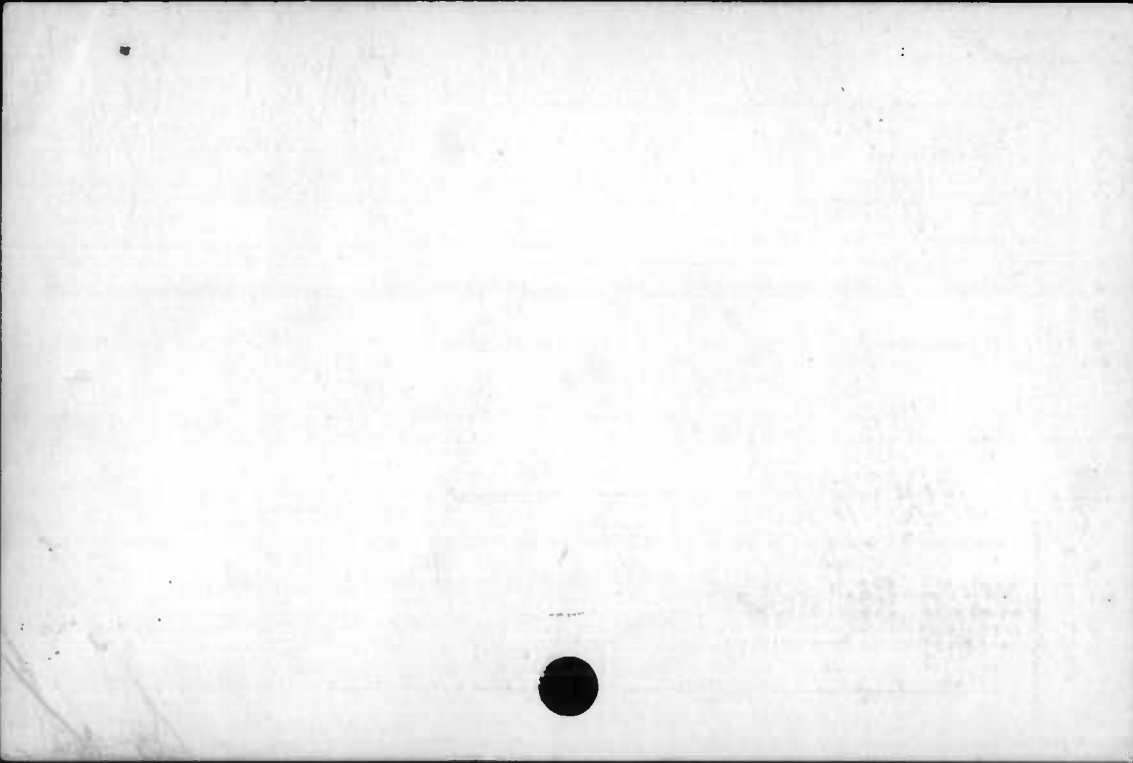
*two weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*A. B. Glascock*

Address

*St Michael's Md*

Accident or Suicide?

*✓*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Philemon Slaughter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>13</i>	Age <i>89</i>	Months <i>10</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co, Md</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Briscoe</i>				
Father's Name <i>Philemon Slaughter</i>	Father's Birthplace <i>Talbot Co Md</i>		Mother's Birthplace <i>Talbot Co Md</i>		
Mother's Maiden Name <i>Sallie Barker</i>	Name of person giving Information <i>Chas H Friend</i>		How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Regurgitation.</i>	How long <i>Several years</i>
Immediate <i>Old age &amp; exhaustion.</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross, M.D.</i>
<i>yes</i>	Address <i>Trappe Talbot Co Md</i>
Accident or Suicide	

1



Name  
in  
Full

Lo P Warrington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

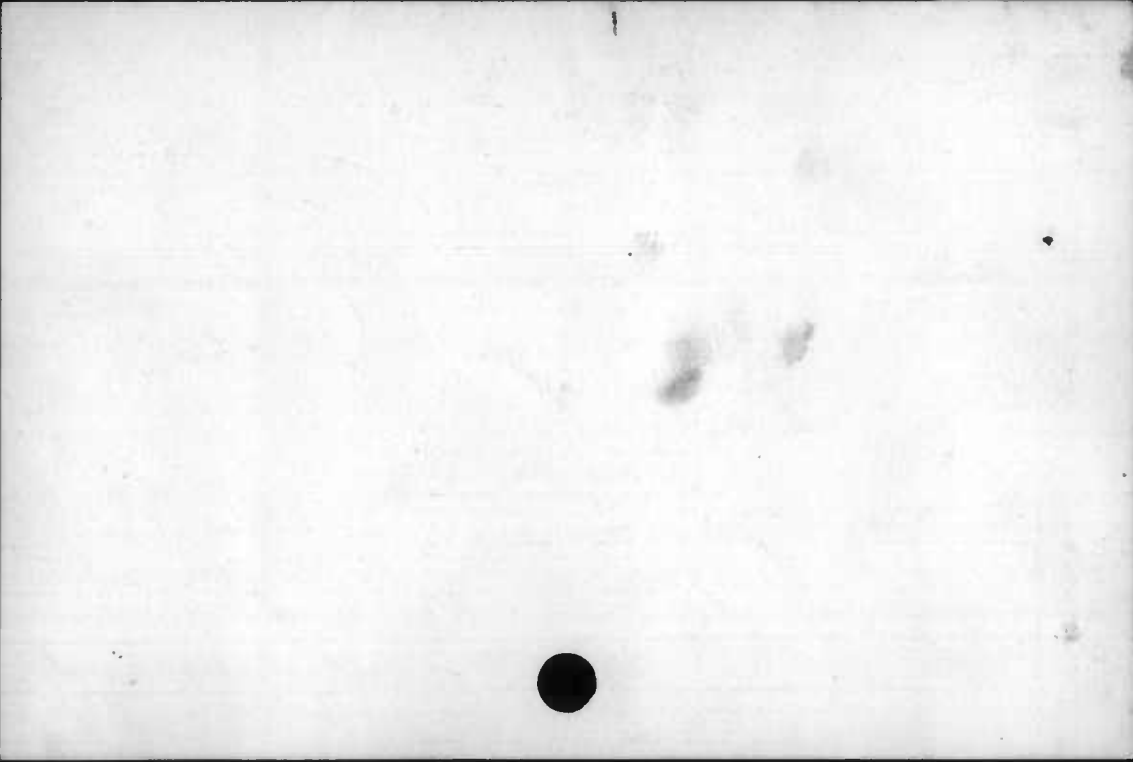
Died at		Town Easton		County Talia			
Date of death	1908	Month Oct	Day 18	Age 52	Years	Months 2	Days 16
Sex	Male		Color or Race	white		Birth- place	Del
Occupation	Lumber Merchant			Where Residing if not at place of death		1	
Married, <del>Single</del> <del>Widowed</del>				Name of Wife or Husband		Sarah E Warrington	
Father's Name	Samuel Warrington					Father's Birthplace	Del
Mother's Maiden Name	Sarah C. Anderson					Mother's Birthplace	Del
Name of person giving Information	Sarah E. Warrington					How related to deceased	wife

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Dilated Heart + nephritis		How long	one year
Immediate	Exhaustion		How long	a few days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			E. R. Zuppe	
			Address	
			Easton	
Accident or Suicide?				



Name  
in  
Full

St Clair Statts

## CERTIFICATE OF DEATH

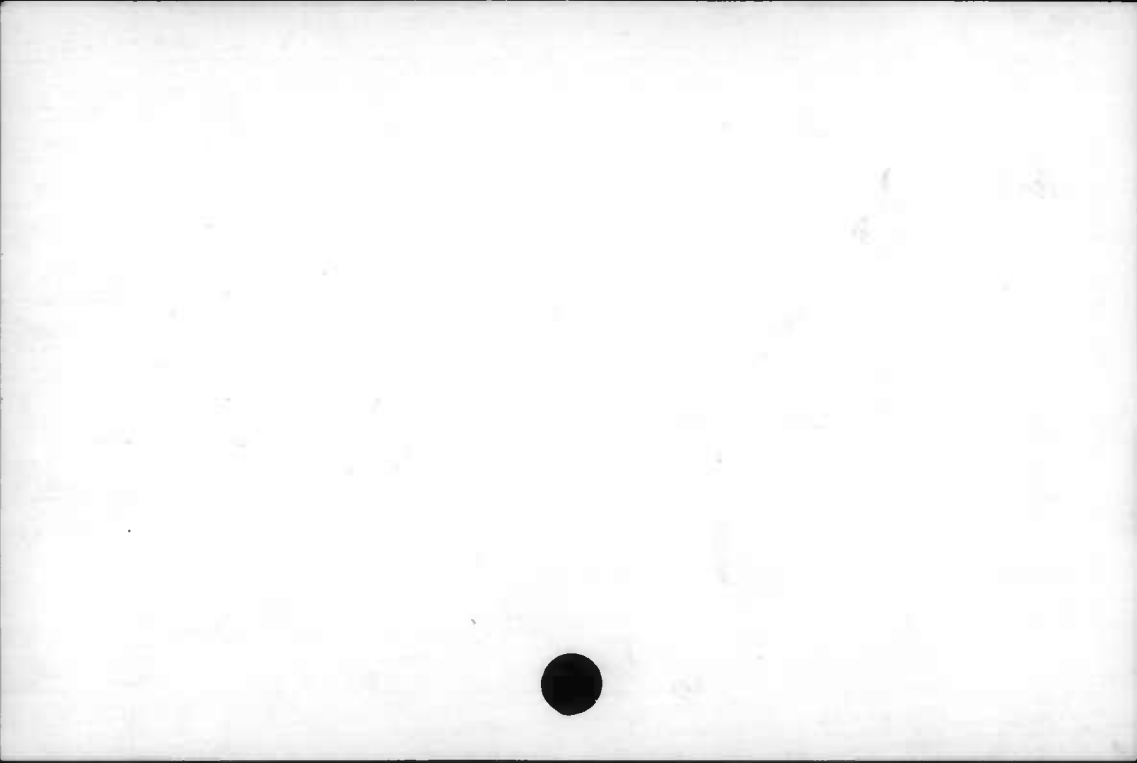
TO BE ANSWERED BY  
NEAREST FRIEND

Died Year		Town		County		MARYLAND	
Date of death 1908		Month 10	Day 16	Age 66	Years	Months 7	Days 3
Sex Male		Color or Race White		Birth-place Delaware			
Occupation Merchant				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Florence Frazier					
Father's Name James Statts		Father's Birthplace Scotland					
Mother's Maiden Name Don't know		Mother's Birthplace "					
Name of person giving Information S. C. Statts		175		How related to deceased		son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stomach Poisoning	How long	4 days -
Immediate	General toxæmia	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address Joseph A. Ross M.D. Greppa Valboe Co. Ind	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

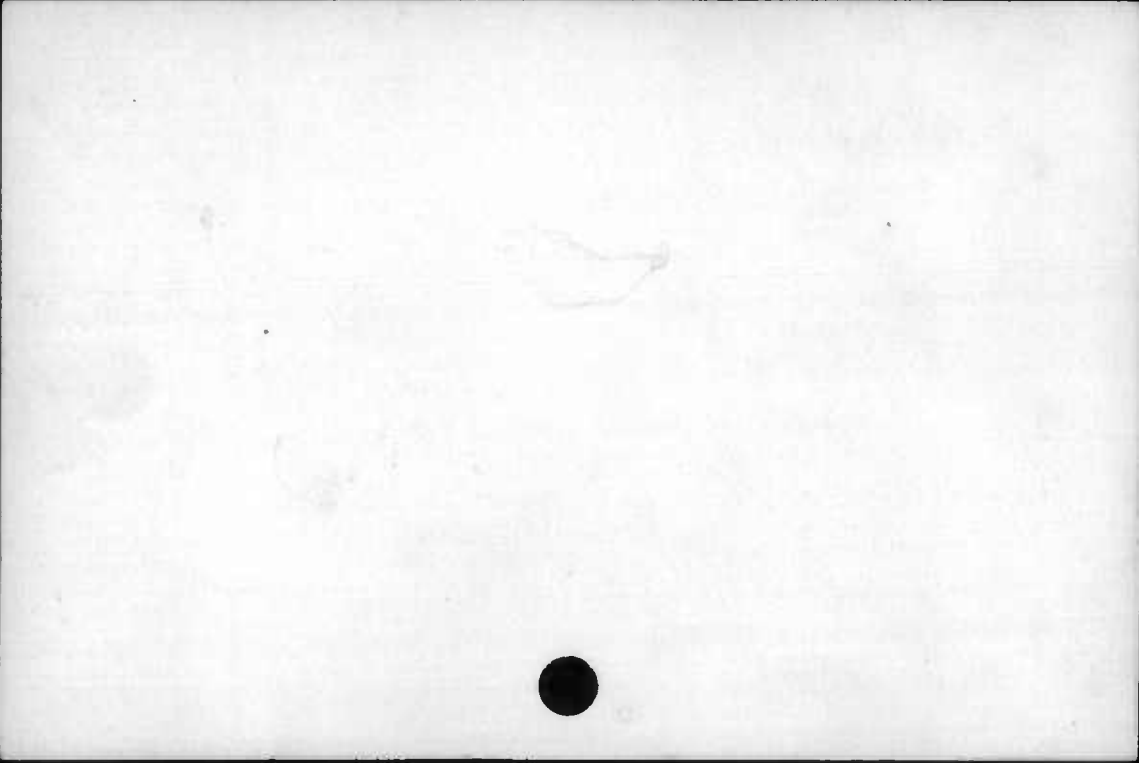
Name in Full <i>Nancy Ellen Willey</i>		Town <i>Lilyhman</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Lilyhman</i>		Date of death <i>1905 Oct -</i>		Day <i>4</i>		Age <i>57</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Lilyhman Md</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sam'l Bushrod Willey</i>	
Father's Name <i>William Cumming</i>		Father's Birthplace <i>Talbot Co</i>		Mother's Maiden Name <i>Lauriea Cumming</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Sam'l B. Willey</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 yrs</i>
Immediate <i>uraemia</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. K. Wilson</i>
	Address <i>Lilyhman Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Lussie E. Willey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		008	1	Age 12	0	0	
Sex		Color or Race		Birth-place			
Female		White		Tallot Co Ma			
Occupation		Where Residing if not at place of death					
None		Afford, Ma					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Stanbury Lee Willey		Dorchester Co Ma					
Mother's Maiden Name		Mother's Birthplace					
Maggie E. Lemio		Tallot Co Ma					
Name of person giving information		How related to deceased					
Stanbury E. Willey		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever.	How long	17 days.
Immediate	Heart failure	How long	48 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. M. Coe M.D. 9
		Address	Afford Ma.
Accident or Suicide?			

